

MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

ATTORNEYS AT LAW

1800 DIAGONAL ROAD, SUITE 370

ALEXANDRIA, VIRGINIA 22314

JOHN R. MATTINGLY*
DANIEL J. STANGER
SHRINATH MALUR*
CARL I. BRUNDIDGE*

DONNA K. MASON*

CHUN-POR "ROGER" LEUNG*
GENE W. STOCKMAN
OF COUNSEL

JEFFREY M. KETCHUM
NICHOLAS R. MATTINGLY
Registered Patent Agent

* Bar Membership Other Than Virginia

(703) 684-1120

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To: Examiner D.J. Suthers
Group Art Unit 2615, USPTO

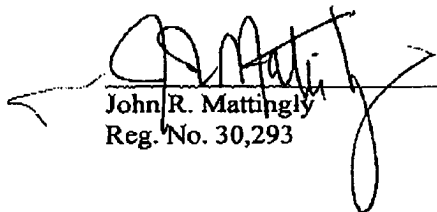
From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/849,056
Attorney Docket No.: KY-202

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal;
Request for Continued Examination (RCE);
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Credit Card Payment Form in amount of \$1,170.00
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John R. Mattingly
Reg. No. 30,293

January 15, 2009
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Form PTO-1083

Patent

In RE application of R. INAGAKI

Case Docket No. KY-202

Serial No.: 10/849,056

Group Art Unit: 2614

For: MUTE CIRCUIT AND BTL AUDIO
AMPLIFIER APPARATUS

Examiner: D.J. Suthers

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
Total		Minus	**	=
Indep.		Minus	***	=
<input type="checkbox"/> First presentation of Multiple Dependent Claims				

SMALL ENTITY	
Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X 50	\$
X 200	\$
X 360	\$
Total	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☒ A Credit Card Payment Form in the amount of \$ 1,170.00 is attached for 2nd month EOT and RCE.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

Mattingly, Stanger, Malur & Brundage, P.C.
 1800 Diagonal Road, Suite 370
 Alexandria, Virginia 22312
 Tel: (703) 684-1120
 Fax: (703) 684-1157

By:


 John R. Mattingly, Reg. No. 30,293
 Attorney for Applicant(s)
Date: January 15, 2009